

## **FINAL JUDGMENT Forms Packet**

**(Forms Required to Prepare and file your Judgment of Dissolution or Legal Separation)**

**In order to determine which forms are required to complete your case, you must first determine the status:**

**PETITION filed and served, no RESPONSE filed 30 days after completed service and NO AGREEMENT = TRUE DEFAULT CASE**

**PETITION filed and served, no RESPONSE filed 30 days after completed service but a written AGREEMENT on all issues = DEFAULT CASE**

**PETITION filed and served, RESPONSE filed and served, and a full written AGREEMENT on all issues = UNCONTESTED CASE**

**PETITION filed and served, RESPONSE filed and served, but NO WRITTEN AGREEMENT on all issues = CONTESTED CASE**

**Once that determination has been made, follow the checklist for your case attached. All steps must be completed before your Judgment can be granted.**

**After completing the forms, make three additional copies and submit them to the clerk's office with self-addressed stamped envelopes as shown on your checklist.**



**TRUE DEFAULT CASE**

(No Response filed 30 days after completed service and no Settlement Agreement)

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**SUMMONS**

**PETITION**

**PRELIMINARY DECLARATION OF DISCLOSURE**

Serve with Income and Expense Declaration & Schedule of Assets and Debts

**DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE**

File to show that you have complied with Preliminary Declaration of Disclosure

**PROOF OF SERVICE**

**REQUEST TO ENTER DEFAULT**

Submit with one (1) self-addressed stamped envelope, addressed to Respondent

**DECLARATION FOR DEFAULT OR UNCONTESTED HEARING**

**JUDGMENT**

With attachments dealing with custody/visitation, child support, spousal support and division of property and debts. Cannot request unless originally requested in Petition

**NOTICE OF ENTRY OF JUDGMENT**

With two (2) self-addressed stamped envelopes, one addressed to you and one addressed to Respondent

**DEFAULT CASE**

(No Response filed 30 days after completed service, but the parties have a written Settlement Agreement)

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**SUMMONS****PETITION****PRELIMINARY DECLARATION OF DISCLOSURE**

Serve with Income and Expense Declaration & Schedule of Assets and Debts - Both parties must comply

**DECLARATION REGARDING SERVICE OF  
DECLARATION OF DISCLOSURE**

Both parties must file to show that you have both complied with Preliminary Declaration of Disclosure

**PROOF OF SERVICE****REQUEST TO ENTER DEFAULT**

Submit with one (1) self-addressed stamped envelope, addressed to Respondent

**DECLARATION REGARDING SERVICE OF  
FINAL DECLARATION OF DISCLOSURE**

Both parties must comply or both must sign the Waiver of Final Declaration of Disclosure

**DECLARATION FOR DEFAULT OR  
UNCONTESTED HEARING****JUDGMENT**

With Settlement Agreement dealing with custody/visitation, child support, spousal support and division of property and debts. Both parties must sign the Settlement Agreement and Respondent's signature must be notarized.

**NOTICE OF ENTRY OF JUDGMENT**

With two (2) self-addressed stamped envelopes, one addressed to you and one addressed to Respondent

**UNCONTESTED CASE**

(Response filed and the parties have a written Settlement Agreement)

**SUMMONS****PETITION****PRELIMINARY DECLARATION OF DISCLOSURE**

Serve with Income and Expense Declaration & Schedule of Assets and Debts - Both parties must

comply

**DECLARATION REGARDING SERVICE OF  
DECLARATION OF DISCLOSURE**

Both parties must file to show that you have both complied with Preliminary Declaration of Disclosure

**PROOF OF SERVICE****RESPONSE****DECLARATION REGARDING SERVICE OF  
FINAL DECLARATION OF DISCLOSURE**

Both parties must comply or both must sign the Waiver of Final Declaration of Disclosure

**APPEARANCE, STIPULATIONS, & WAIVERS****DECLARATION FOR DEFAULT OR UNCONTESTED HEARING****JUDGMENT**

With Settlement Agreement dealing with custody/visitation, child support, spousal support and division of property and debts. Both parties must sign the Settlement Agreement.

**NOTICE OF ENTRY OF JUDGMENT**

With two (2) self-addressed stamped envelopes, one addressed to you and one addressed to Respondent

**CONTESTED CASE**

(Response filed but no agreement on the issues)

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**SUMMONS**

**PETITION**

**PRELIMINARY DECLARATION OF DISCLOSURE**

Both Parties must comply

**DECLARATION REGARDING SERVICE OF  
DECLARATION OF DISCLOSURE**

Both parties must file to show that you  
have both complied with Preliminary  
Declaration of Disclosure

**PROOF OF SERVICE**

**RESPONSE**

**REQUEST FOR FAMILY LAW TRIAL SETTING**

**DECLARATION REGARDING SERVICE OF  
FINAL DECLARATION OF DISCLOSURE**

Both parties must comply

**MANDATORY SETTLEMENT CONFERENCE STATEMENT OR  
STATEMENT OF AGREEMENT AND DISAGREEMENT**

File and serve five  
(5) days before MSC

**TRIAL**

Prepare Trial Brief and evidence

**JUDGMENT**

Prepared in compliance with Court=s rulings at Trial

**NOTICE OF ENTRY OF JUDGMENT**

With two (2) self-addressed stamped envelopes,  
one addressed to you and one addressed to  
Respondent

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS)	TELEPHONE #	
ATTORNEY FOR (name):		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> <input type="checkbox"/> 800 SOUTH VICTORIA AVE., VENTURA CA. 93009 <input type="checkbox"/> 3855 - F ALAMO ST., SIMI VALLEY, CA. 93063-2110		
PETITIONER: RESPONDENT:		
<input type="checkbox"/> <b>REQUEST</b> <input type="checkbox"/> <b>COUNTER REQUEST FOR MANDATORY SETTLEMENT CONFERENCE/TRIAL SETTING (FAMILY LAW)</b>		CASE NUMBER:
		Court Use Only Date: _____ Time: _____ Courtroom: _____ <input type="checkbox"/> Pro Per

Estimated trial time: \_\_\_\_\_

Petitioner/Respondent/Claimant herein hereby requests that a Mandatory Settlement Conference be set on a date after \_\_\_\_\_ . Additionally, the following dates are unacceptable for the Mandatory Settlement Conference: \_\_\_\_\_ .

Names, addresses and telephone numbers of attorneys or of parties representing themselves:

For Petitioner

For Claimant

For Respondent

I hereby represent to the court that all essential parties have been served with process or have appeared, and declare that this case is at issue as to all such parties; that no amended or supplemental petition or cross-petition/complaint or other affirmative pleading remains unanswered; that, to my knowledge, other parties will not be served with a summons prior to the time of trial; and that I know of no further pleading(s) to be filed.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Attorney/Party

- ☐ Petitioner/Plaintiff  
☐ Respondent/Defendant  
☐ Claimant

**REQUEST FOR MANDATORY SETTLEMENT CONFERENCE/TRIAL SETTING (FAMILY LAW)**

**PROOF OF SERVICE BY MAIL**

I am over the age of 18 and not a party to this cause. I am a resident of, or employed in, the county where this mailing occurred. I served the REQUEST FOR MANDATORY SETTLEMENT CONFERENCE/TRIAL SETTING (FAMILY LAW), by placing a true copy in a sealed envelope with postage prepaid, addressed to each person whose name and address is given below, and depositing the envelope in the United States mail on the date stated below.

Date of deposit: \_\_\_\_\_ Place of deposit: \_\_\_\_\_  
City and State

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on: \_\_\_\_\_

\_\_\_\_\_  
Residence/business address of declarant

\_\_\_\_\_  
Signature of declarant

**NAME AND ADDRESS OF EACH PERSON TO WHOM MAILED**

**NOTES:** Any party not in agreement with the information or estimates given in the statement shall, within 10 days after service, serve and file a statement in his/her behalf.

Affidavit of mailing must be completed before acceptance by the Court.

All parties **must** serve Preliminary Declarations of Disclosure and file proof of service with the court prior to the Mandatory Settlement Conference.

**REQUEST FOR MANDATORY SETTLEMENT CONFERENCE/TRIAL SETTING (FAMILYLAW)**



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):     TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____</b> STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER: _____ RESPONDENT: _____	
<div style="display: flex; justify-content: space-between;"> <div><b>REQUEST TO ENTER DEFAULT</b></div> <div>CASE NUMBER: _____</div> </div>	

- To the clerk:** Please enter the default of the respondent who has failed to respond to the petition.
- A completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155) ☐ is attached ☐ is not attached.  
 A completed *Property Declaration* (form FL-160) ☐ is attached ☐ is not attached  
 because (check at least one of the following):
  - ☐ there have been no changes since the previous filing.
  - ☐ the issues subject to disposition by the court in this proceeding are the subject of a written agreement.
  - ☐ there are no issues of child, spousal, or partner support or attorney fees and costs subject to determination by the court.
  - ☐ the petition does not request money, property, costs, or attorney fees. (Fam. Code, § 2330.5.)
  - ☐ there are no issues of division of community property.
  - ☐ this is an action to establish parental relationship.

Date: \_\_\_\_\_

(TYPE OR PRINT NAME)

(SIGNATURE OF [ATTORNEY FOR] PETITIONER)

**3. Declaration**

- ☐ No mailing is required because service was by publication or posting and the address of the respondent remains unknown.
- ☐ A copy of this *Request to Enter Default*, including any attachments and an envelope with sufficient postage, was provided to the court clerk, with the envelope addressed as follows (*address of the respondent's attorney or, if none, the respondent's last known address*):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

<b>FOR COURT USE ONLY</b>	
<input type="checkbox"/>	<i>Request to Enter Default</i> mailed to the respondent or the respondent's attorney on (date): _____
<input type="checkbox"/>	Default entered as requested on (date): _____
<input type="checkbox"/>	Default <b>not</b> entered. Reason: _____
Clerk, by _____, Deputy	

CASE NAME (Last name, first name of each party):	CASE NUMBER:
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4. **Memorandum of costs**

a. ☐ Costs and disbursements are waived.

b. Costs and disbursements are listed as follows:

(1) ☐ Clerk's fees ..... \$.....

(2) ☐ Process server's fees ..... \$.....

(3) ☐ Other (specify): ..... \$.....

..... \$.....

..... \$.....

..... \$.....

TOTAL ..... \$.....

c. I am the attorney, agent, or party who claims these costs. To the best of my knowledge and belief, the foregoing items of cost are correct and have been necessarily incurred in this cause or proceeding.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.


Date:

_____		_____
(TYPE OR PRINT NAME)		(SIGNATURE OF DECLARANT)

5. **Declaration of nonmilitary status.** The respondent is not in the military service of the United States as defined in section 511 et seq. of the Servicemembers Civil Relief Act (50 U.S.C. Appen. § 501 et seq.), and is not entitled to the benefits of such act.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

_____		_____
(TYPE OR PRINT NAME)		(SIGNATURE OF DECLARANT)

- I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

**Note:**  
**File this document with the court.**  
**Do not file a copy of either the *Preliminary or Final Declaration of Disclosure* with this document.**



ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name and Address</i> ).	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR ( <i>Name</i> ):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA <input type="checkbox"/> 800 SOUTH VICTORIA AVE, VENTURA CA. 93009 <input type="checkbox"/> 3855 - F ALAMO ST. SIMI VALLEY, CA. 93063-2110		
PETITIONER: RESPONDENT:		
<b>WAIVER OF FINAL DECLARATION OF DISCLOSURE</b> <b>Family Code § 2105</b>		CASE NUMBER:

I/WE DECLARE UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT ALL OF THE FOREGOING REPRESENTATIONS ARE TRUE AND CORRECT.

- ☐ 1. Both parties have complied with Section 2104 and the preliminary declarations of disclosure have been completed and exchanged.

Both parties have completed and exchanged a current income and expense declaration, that includes all material facts and information regarding that party's earnings, accumulations, and expenses.

Both parties have fully complied with Section 2102 and have fully augmented the preliminary declaration of disclosure, including disclosure of all material facts and information regarding the characterization of all assets and liabilities, the valuation of all assets that are contended to be community property or in which it is contended the community has an interest, and the amounts of all obligations that are contended to be community obligations or for which it is contended the community has liability.

The waiver is knowingly, intelligently, and voluntarily entered into by each of the parties.

Each party understands that this waiver does not limit the legal disclosure obligations of the parties, but rather is a statement under penalty of perjury that those obligations have been fulfilled. Each party further understands that noncompliance with those obligations will result in the court setting aside the judgment.

- ☐ 2. I have served the Respondent with a preliminary Declaration of Disclosure and am now seeking a Default Judgment.

Dated: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PETITIONER

Dated: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF RESPONDENT

Dated: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF ATTORNEY FOR PETITIONER

Dated: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF ATTORNEY FOR RESPONDENT



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):      TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER:   RESPONDENT:	
<b>APPEARANCE, STIPULATION AND WAIVERS</b>	CASE NUMBER:

1. ☐ Respondent makes a general appearance.
2. ☐ Respondent has previously made a general appearance.
3. ☐ Respondent is a member of the military services of the United States of America and waives all rights under the Soldiers and Sailors Civil Relief Act of 1940, as amended, and does not contest this proceeding.
4. ☐ The parties stipulate that this cause may be tried as an uncontested matter.
5. ☐ The parties waive their rights to notice of trial, findings of fact and conclusions of law, motion for new trial, and the right to appeal.
6. ☐ This matter may be tried by a commissioner sitting as a temporary judge.
7. ☐ A written settlement agreement has been entered into between the parties.
8. ☐ A stipulation for judgment will be submitted to the court at the uncontested proceeding.
9. ☐ None of these stipulations or waivers shall apply unless the court approves the written settlement agreement or stipulation for judgment.
10. ☐ Both parties have executed *an Advisement and Waiver of Rights Re: Establishment of Parental Relationship* (form FL-235).
11. ☐ Other (*specify*):

12. Total number of boxes checked: \_\_\_\_\_

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(SIGNATURE OF PETITIONER)

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(SIGNATURE OF RESPONDENT)

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(SIGNATURE OF ATTORNEY FOR PETITIONER)

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(SIGNATURE OF ATTORNEY FOR RESPONDENT)





1. I declare that if I appeared in court and were sworn, I would testify to the truth of the facts in this declaration.
2. I agree that my case will be proven by this declaration and that I will not appear before the court unless I am ordered by the court to do so.
3. All the information in the ☐ *Petition* ☐ *Response* is true and correct.
4. **Default or uncontested** (Check a or b.)
  - a. ☐ The default of the respondent was entered or is being requested, and I am not seeking any relief not requested in the petition. **OR**
  - b. ☐ The parties have agreed that the matter may proceed as an uncontested matter without notice, and the agreement is attached or is incorporated in the attached settlement agreement or stipulated judgment.
5. **Settlement agreement** (Check a or b.)
  - a. ☐ The parties have entered into ☐ **an agreement** ☐ **a stipulated judgment** regarding their property their marriage or domestic partnership rights, including support, the original of which is or has been submitted to the court. I request that the court approve the agreement. **OR**
  - b. ☐ **There is no agreement or stipulated judgment**, and the following statements are true (check at least one, including item (2) if a community estate exists):
    - (1) ☐ There are no community or quasi-community assets or community debts to be disposed of by the court.
    - (2) ☐ The community and quasi-community assets and debts are listed on the attached **completed** current *Property Declaration* (form FL-160), which includes an estimate of the value of the assets and debts that I propose to be distributed to each party. The division in the proposed *Judgment (Family Law)* (form FL-180) is a fair and equal division of the property and debts, or if there is a negative estate, the debts are assigned fairly and equitably.
6. **Declaration of disclosure** (Check a, b, or c.)
  - a. ☐ Both the petitioner and respondent have filed, or are filing concurrently, a *Declaration Regarding Service of Declaration of Disclosure* (form FL-141) and an *Income and Expense Declaration* (form FL-150).
  - b. ☐ This matter is proceeding by default. I am the petitioner in this action and have filed a proof of service of the preliminary *Declaration of Disclosure* (form FL-140) with the court. I hereby waive receipt of the final *Declaration of Disclosure* (form FL-140) from the respondent.
  - c. ☐ This matter is proceeding as an uncontested action. Service of the final *Declaration of Disclosure* (form FL-140) is mutually waived by both parties. A waiver provision executed by both parties under penalty of perjury is contained in the settlement agreement or proposed judgment or another, separate stipulation.
7. ☐ **Child custody** should be ordered as set forth in the proposed *Judgment (Family Law)* (form FL-180).
8. ☐ **Child visitation** should be ordered as set forth in the proposed *Judgment (Family Law)* (form FL-180).
9. **Spousal, partner, and family support** (If a support order or attorney fees are requested, submit a completed *Income and Expense Declaration* (form FL-150) unless a current form is on file. Include your best estimate of the other party's income. Check at least one of the following.)
  - a. ☐ I knowingly give up forever any right to receive spousal or partner support.
  - b. ☐ I ask the court to reserve jurisdiction to award spousal or partner support in the future to (name):
  - c. ☐ Spousal support should be ordered as set forth in the proposed *Judgment (Family Law)* (form FL-180).
  - d. ☐ Family support should be ordered as set forth in the proposed *Judgment (Family Law)* (form FL-180).

PETITIONER:  RESPONDENT:	CASE NUMBER:
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10. ☐ **Child support** should be ordered as set forth in the proposed *Judgment (Family Law)* (form FL-180).
11. a. I ☐ am receiving ☐ am not receiving ☐ intend to apply for public assistance for the child or children listed in the proposed order.  
 b. To the best of my knowledge, the other party ☐ is ☐ is not receiving public assistance.
12. ☐ The petitioner ☐ respondent is presently receiving public assistance, and all support should be made payable to the local child support agency at the address set forth in the proposed judgment. A representative of the local child support agency has signed the proposed judgment.
13. If there are minor children, check and complete item a and item b or c:  
 a. My gross (before taxes) monthly income is (*specify*): \$  
 b. ☐ The estimated gross monthly income of the other party is (*specify*): \$  
 c. ☐ I have no knowledge of the estimated monthly income of the other party for the following reasons (*specify*):  
  
 d. ☐ I request that this order be based on the ☐ petitioner's ☐ respondent's earning ability. The facts in support of my estimate of earning ability are (*specify*):  
  
☐ Continued on Attachment 13d.
14. ☐ **Parentage** of the children of the petitioner and respondent born prior to their marriage or domestic partnership should be ordered as set forth in the proposed *Judgment (Family Law)* (form FL-180). A declaration regarding parentage is attached.
15. ☐ **Attorney fees** should be ordered as set forth in the proposed *Judgment (Family Law)* (form FL-180).
16. ☐ The petitioner ☐ respondent requests restoration of his or her former name as set forth in the proposed *Judgment (Family Law)* (form FL-180).
17. There are irreconcilable differences that have led to the irremediable breakdown of the marriage or domestic partnership, and there is no possibility of saving the marriage or domestic partnership through counseling or other means.
18. This declaration may be reviewed by a commissioner sitting as a temporary judge, who may determine whether to grant this request or require my appearance under Family Code section 2336.

**STATEMENTS IN THIS BOX APPLY ONLY TO DISSOLUTIONS—Items 19 through 21**

19. If this is a dissolution of marriage or of a domestic partnership created in another state, the petitioner and/or the respondent has been a resident of this county for at least three months and of the state of California for at least six months continuously and immediately preceding the date of the filing of the petition for dissolution of marriage or domestic partnership.
20. I ask that the court grant the request for a judgment for dissolution of marriage or domestic partnership based upon irreconcilable differences and that the court make the orders set forth in the proposed *Judgment (Family Law)* (form FL-180) submitted with this declaration.
21. ☐ This declaration is for the termination of **marital or domestic partner status only**. I ask the court to reserve jurisdiction over all issues whose determination is not requested in this declaration.

**THIS STATEMENT APPLIES ONLY TO LEGAL SEPARATIONS**

22. I ask that the court grant the request for a judgment for legal separation based upon irreconcilable differences and that the court make the orders set forth in the proposed *Judgment (Family Law)* (form FL-180) submitted with this declaration.  
**I understand that a judgment of legal separation does not terminate a marriage or domestic partnership and that I am still married or a partner in a domestic partnership.**

23. ☐ Other (*specify*):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)	 (SIGNATURE OF DECLARANT)
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ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) :   <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<b>MARRIAGE OF</b> PETITIONER: RESPONDENT:	
<div style="text-align: center;"><b>JUDGMENT</b></div> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <b>DISSOLUTION</b> <input type="checkbox"/> <b>LEGAL SEPARATION</b> <input type="checkbox"/> <b>NULLITY</b> </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Status only  <input type="checkbox"/> Reserving jurisdiction over termination of marital or domestic partnership status  <input type="checkbox"/> Judgment on reserved issues         </div> <b>Date marital or domestic partnership status ends:</b>	CASE NUMBER:

1. ☐ This judgment ☐ contains personal conduct restraining orders ☐ modifies existing restraining orders.  
 The restraining orders are contained on page(s) \_\_\_\_\_ of the attachment. They expire on (date): \_\_\_\_\_
  
2. This proceeding was heard as follows: ☐ Default or uncontested ☐ By declaration under Family Code section 2336  
☐ Contested
  - a. Date: \_\_\_\_\_ Dept.: \_\_\_\_\_ Room: \_\_\_\_\_  
☐ Temporary judge
  - b. Judicial officer (name): \_\_\_\_\_
  - c. ☐ Petitioner present in court ☐ Attorney present in court (name): \_\_\_\_\_
  - d. ☐ Respondent present in court ☐ Attorney present in court (name): \_\_\_\_\_
  - e. ☐ Claimant present in court (name): \_\_\_\_\_ ☐ Attorney present in court (name): \_\_\_\_\_
  - f. ☐ Other (specify name): \_\_\_\_\_
  
3. The court acquired jurisdiction of the respondent on (date): \_\_\_\_\_
  - a. ☐ The respondent was served with process.
  - b. ☐ The respondent appeared.

#### THE COURT ORDERS, GOOD CAUSE APPEARING

4. a. ☐ Judgment of dissolution is entered. Marital or domestic partnership status is terminated and the parties are restored to the status of single persons
  - (1) ☐ on (specify date): \_\_\_\_\_
  - (2) ☐ on a date to be determined on noticed motion of either party or on stipulation.
- b. ☐ Judgment of legal separation is entered.
- c. ☐ Judgment of nullity is entered. The parties are declared to be single persons on the ground of (specify): \_\_\_\_\_
  
- d. ☐ This judgment will be entered nunc pro tunc as of (date): \_\_\_\_\_
- e. ☐ Judgment on reserved issues.
- f. The ☐ petitioner's ☐ respondent's former name is restored to (specify): \_\_\_\_\_
- g. ☐ Jurisdiction is reserved over all other issues, and all present orders remain in effect except as provided below.
- h. ☐ This judgment contains provisions for child support or family support. Each party must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this judgment. The parents must notify the court of any change in the information submitted within 10 days of the change, by filing an updated form. The *Notice of Rights and Responsibilities—Health Care Costs and Reimbursement Procedures and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.

CASE NAME (Last name, first name of each party):  _____	CASE NUMBER:  _____
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4. (Cont'd.)

- i. ☐ A settlement agreement between the parties is attached.
- j. ☐ A written stipulation for judgment between the parties is attached.
- k. ☐ Child custody and visitation are ordered as set forth in the attached
  - (1) ☐ settlement agreement, stipulation for judgment, or other written agreement.
  - (2) ☐ *Child Custody and Visitation Order Attachment* (form FL-341).
  - (3) ☐ *Stipulation and Order for Custody and/or Visitation of Children* (form FL-355).
  - (4) ☐ other (specify): \_\_\_\_\_
  
- l. ☐ Child support is ordered as set forth in the attached
  - (1) ☐ settlement agreement, stipulation for judgment, or other written agreement.
  - (2) ☐ *Child Support Information and Order Attachment* (form FL-342).
  - (3) ☐ *Stipulation to Establish or Modify Child Support and Order* (form FL-350).
  - (4) ☐ other (specify): \_\_\_\_\_
  
- m. ☐ Spousal or partner support is ordered as set forth in the attached
  - (1) ☐ settlement agreement, stipulation for judgment, or other written agreement.
  - (2) ☐ *Spousal, Partner, or Family Support Order Attachment* (form FL-343).
  - (3) ☐ other (specify): \_\_\_\_\_

**NOTICE:** It is the goal of this state that each party will make reasonable good faith efforts to become self-supporting as provided for in Family Code section 4320. The failure to make reasonable good faith efforts may be one of the factors considered by the court as a basis for modifying or terminating spousal or partner support.

- n. ☐ Property division is ordered as set forth in the attached
  - (1) ☐ settlement agreement, stipulation for judgment, or other written agreement.
  - (2) ☐ *Property Order Attachment to Judgment* (form FL-345).
  - (3) ☐ other (specify): \_\_\_\_\_
- o. ☐ Parentage is established for children of this relationship born prior to the marriage or domestic partnership.
- p. ☐ Other (specify): \_\_\_\_\_

Each attachment to this judgment is incorporated into this judgment, and the parties are ordered to comply with each attachment's provisions.

Jurisdiction is reserved to make other orders necessary to carry out this judgment.

Date: \_\_\_\_\_

\_\_\_\_\_  
JUDICIAL OFFICER

5. Number of pages attached: \_\_\_\_\_

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

6. This form ☐ does ☐ does not contain the locations of, or identifying information about, the assets and debts listed.

NOTE: If the form does contain such information, you may ask the court to seal this document by completing and submitting an *Ex Parte Application and Order to Seal Financial Forms* (form FL-316).

**NOTICE**

Dissolution or legal separation may automatically cancel the rights of a spouse or domestic partner under the other spouse's or domestic partner's will, trust, retirement plan, power of attorney, pay-on-death bank account, transfer-on-death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the rights of a spouse or domestic partner as beneficiary of the other spouse's or domestic partner's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions.

A debt or obligation may be assigned to one party as part of the dissolution of property and debts, but if that party does not pay the debt or obligation, the creditor may be able to collect from the other party.

An earnings assignment may be issued without additional proof if child, family, partner, or spousal support is ordered.

Any party required to pay support must pay interest on overdue amounts at the "legal rate," which is currently 10 percent.

**MARITAL / PARTNERSHIP SETTLEMENT AGREEMENT**

**(ATTACHMENT TO JUDGMENT)**

The parties to this agreement acknowledge that with this agreement they intend to resolve all issues remaining in their case and that although this agreement may not be an exactly equal division of their assets and debts, they waive any inequality in the interest of reaching a full and final resolution of their matter. The parties hereby agree that the following may be incorporated into a Final Judgment.

**1. CHILD CUSTODY AND SUPPORT** [check one]

We have no minor children together, therefore this section does not apply.

The minor children are: \_\_\_\_\_  
\_\_\_\_\_.

**A. CUSTODY:**

Legal Custody shall be awarded to \_\_\_\_\_ the parties jointly OR to the \_\_\_\_\_.

Physical Custody shall be awarded to \_\_\_\_\_ the parties jointly OR to the \_\_\_\_\_.

Custodial time for the \_\_\_\_\_ shall be:

per the Mediation Agreement / Order filed on \_\_\_\_\_.

OR

as follows:

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The residence of the minor children shall not be changed from California \_\_\_\_\_ County of Ventura

\_\_\_\_\_ without prior agreement of the parties or court order.

**The parties agree that this court has jurisdiction over the issue of child custody as California is the home state of the children, that they personally executed this agreement and understand their custodial rights and waive any further hearing on this issue, and agree that the United States is the country of habitual residence of the children. They acknowledge that they are aware that a violation of this custodial order may result in civil or criminal penalties. [Family Code Section 3048]**

**B. SUPPORT:** If there are minor children of this relationship, the court MUST issue orders regarding child support unless a case is already in effect through the Department of Child Support Services. :

The Department of Child Support Services is enforcing an existing child support order in case number

\_\_\_\_\_. Child support is reserved to that case. No other orders regarding child support are needed.

If there is no DCSS case, check ONE of the following:

The parties agree to Guideline Child Support per the **attached Dissomaster**. Guideline support is \$\_\_\_\_\_ per month payable by the \_\_\_\_\_ to the \_\_\_\_\_.

The parties agree to a Non-Guideline Child Support Order in the amount of \$\_\_\_\_\_ per month payable by the \_\_\_\_\_ to the \_\_\_\_\_, and all the following are true:

The parties are fully informed of their rights concerning child support  
The amount is being agreed to without coercion or duress  
The needs of the children will be adequately met by this order  
Neither parent is receiving public assistance for these children and no application is pending.  
No change of circumstances is needed to raise the order to Guideline.

Child support ordered under this section shall be paid ½ on the first and ½ on the 15<sup>th</sup> of each month commencing \_\_\_\_\_ and shall continue until the supported child dies, emancipates, reaches the age of 18 or, if still a full-time high school student, age 19 or graduation, whichever first occurs.

**C. MEDICAL INSURANCE:** The \_\_\_\_\_ shall maintain health insurance for the minor children.  
Any uncovered health care expenses shall be paid equally by the parties.

**D. CHILD CARE:** Child care to allow either parent to work shall be paid as follows:

included in the child support order above

paid equally by the parties directly to the day care provider.

other \_\_\_\_\_.

**E. DEPENDENT EXEMPTIONS:** The \_\_\_\_\_ shall be allowed to claim \_\_\_\_\_  
[ name children] as dependents for tax filing purposes. If necessary, the custodial parent shall execute IRS form 8332 to release the exemptions.

## 2. SPOUSAL / PARTNER SUPPORT [ check one]

Both parties waive receipt of spousal / partner support now and forever. The court terminates jurisdiction to award spousal support to either party now or at any time in the future.

The court reserves jurisdiction over the issue of spousal / partner support and may make an order for support in the future upon properly noticed motion by either party.

The \_\_\_\_\_ shall pay to the \_\_\_\_\_ the sum of \$\_\_\_\_\_ per month payable ½ on the first and ½ on the 15<sup>th</sup> of each month commencing \_\_\_\_\_ and continuing until death of either party, remarriage of supported spouse / partner, further order of the court or until \_\_\_\_\_ at which time support shall terminate. This order is appropriate based on the length of marriage / domestic partnership, age and earning capacity of the parties and other relevant factors.

**3. DIVISION OF PROPERTY AND DEBTS:**

The PETITIONER is awarded the following as Petitioner's sole and separate property and RESPONDENT hereby waives any interest therein:

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The RESPONDENT is awarded the following as Respondent's sole and separate property and PETITIONER hereby waives any interest therein:

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PETITIONER shall pay, assume and hold RESPONDENT harmless from the following debts:

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RESPONDENT shall pay, assume and hold PETITIONER harmless from the following debts:

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**4. OTHER ORDERS:** The parties agree to the following additional orders:

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Both parties acknowledge that they have read and understand this Marital Settlement Agreement consisting of three pages and \_\_\_\_\_ attached pages. This agreement shall be incorporated into a Final Judgment and made an Order of the Court.

Dated: \_\_\_\_\_

\_\_\_\_\_  
PETITIONER

Dated: \_\_\_\_\_

\_\_\_\_\_  
RESPONDENT [ if no Response has been filed, the Respondent's signature must be notarized. Attach notary page.]





Case Number \_\_\_\_\_

1. Petitioner shall be awarded the following as his / her sole and separate property:

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- [illegible]



TO ☐ Findings and Order After Hearing ☐ Judgment  
☐ Stipulation and Order for Custody and/or Visitation of Children  
☐ Other (specify):

1. ☐ **Custody.** Custody of the minor children of the parties is awarded as follows:
- | <u>Child's name</u> | <u>Date of birth</u> | <u>Legal custody to</u><br>(person who makes decisions about health, education, etc.) | <u>Physical custody to</u><br>(person with whom the child lives) |
|---------------------|----------------------|---|--|
|---------------------|----------------------|---|--|

☐ Joint legal custody      ☐ Joint physical custody

2. ☐ **Visitation**
- a. ☐ Reasonable right of visitation to the party without physical custody (**not appropriate in cases involving domestic violence**)
- b. ☐ See the attached \_\_\_\_\_-page document dated (*specify date*):
- c. ☐ The parties will go to mediation at (*specify location*):
- d. ☐ No visitation
- e. ☐ Visitation for the ☐ petitioner ☐ respondent will be as follows:

- (1)  Weekends starting (date):

(The first weekend of the month is the first weekend with a Saturday.)

1st  2nd  3rd  4th  5th weekend of the month

from \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m.  
(day of week) (time)

to \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m.  
(day of week) (time)

- (a) ☐ The parents will alternate the fifth weekends, with the ☐ petitioner ☐ respondent having the initial fifth weekend, which starts (date): \_\_\_\_\_

- (b)  The petitioner will have fifth weekends in  odd  even months.

- (2) ☐ **Alternate weekends starting (date):**

The  petitioner  respondent will have the children with him or her during the period

from \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m.  
(day of week) (time)

to \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m.  
(day of week) (time)

- (3)  Weekdays starting (date):

The  petitioner  respondent will have the children with him or her during the period

from \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m.  
(day of week) (time)

to \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m.  
(day of week) (time)

- (4) ☐ **Other** (specify days and times as well as any additional restrictions):

☐ See Attachment 2e(4).

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

3. ☐ **Supervised visitation.** Until ☐ further order of the court ☐ other (*specify*):  
the ☐ petitioner ☐ respondent will have supervised visitation with the minor children according to the schedule set forth on page 1. **(You must attach form FL-341(A).)**
4. ☐ **Transportation for visitation**
- ☐ Transportation **to** the visits will be provided by the ☐ petitioner ☐ respondent ☐ other (*specify*):
  - ☐ Transportation **from** the visits will be provided by the ☐ petitioner ☐ respondent ☐ other (*specify*):
  - ☐ Drop-off of the children will be at (*address*):
  - ☐ Pick-up of the children will be at (*address*):
  - ☐ The children will be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.
  - ☐ During the exchanges, the parent driving the children will wait in the car and the other parent will wait in his or her home while the children go between the car and the home.
  - ☐ Other (*specify*):
5. ☐ **Travel with children.** The ☐ petitioner ☐ respondent ☐ other (*name*):  
**must** have written permission from the other parent or a court order to take the children out of
- ☐ the state of California.
  - ☐ the following counties (*specify*):
  - ☐ other places (*specify*):
6. ☐ **Child abduction prevention.** There is a risk that one of the parents will take the children out of California without the other parent's permission. Form FL-341(B) is attached and must be obeyed.
7. ☐ **Holiday schedule.** The children will spend holiday time as listed in the attached ☐ form FL-341(C) ☐ other (*specify*):
8. ☐ **Additional custody provisions.** The parents will follow the additional custody provisions listed in the attached ☐ form FL-341(D) ☐ other (*specify*):
9. ☐ **Joint legal custody.** The parents will share joint legal custody as listed in the attached ☐ form FL-341(E) ☐ other (*specify*):
10. ☐ **Other** (*specify*):
11. **Jurisdiction.** This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (part 3 of the California Family Code, commencing with section 3400).
12. **Notice and opportunity to be heard.** The responding party was given notice and an opportunity to be heard, as provided by the laws of the State of California.
13. **Country of habitual residence.** The country of habitual residence of the child or children in this case is ☐ the United States ☐ other (*specify*):
14. **Penalties for violating this order.** If you violate this order, you may be subject to civil or criminal penalties, or both.

PETITIONER / PLAINTIFF:  RESPONDENT / DEFENDANT:	CASE NUMBER:
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**SUPERVISED VISITATION ORDER**  
Attachment to *Child Custody and Visitation Order Attachment* (form FL-341)

1. Evidence has been presented in support of a request that the contact of ☐ Petitioner ☐ Respondent with the child(ren) be supervised based upon allegations of  
☐ abduction of child(ren) ☐ physical abuse ☐ drug abuse ☐ neglect  
☐ sexual abuse ☐ domestic violence ☐ alcohol abuse ☐ other (*specify*):
- ☐ Petitioner ☐ Respondent disputes these allegations and the court reserves the findings on these issues pending further investigation and hearing or trial.
2. The court finds, pursuant to Family Code section 3100, that the best interest of the child(ren) requires that visitation by ☐ Petitioner ☐ Respondent must, until further order of the court, be limited to contact supervised by the person(s) set forth in item 6 below pending further investigation and hearing or trial.

**THE COURT MAKES THE FOLLOWING ORDERS**

**3. CHILD(REN) TO BE SUPERVISED**

<u>Child's name</u>	<u>Birth date</u>	<u>Age</u>	<u>Sex</u>
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**4. TYPE**

- a. ☐ Supervised visitation      b. ☐ Supervised exchange only      c. ☐ Therapeutic visitation

**5. SUPERVISED VISITATION PROVIDER**

- a. ☐ Professional (individual provider or supervised visitation center)      b. ☐ Nonprofessional

**6. AUTHORIZED PROVIDER**

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
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☐ Any other mutually agreed-upon third party as arranged.

**7. DURATION AND FREQUENCY OF VISITS** (see form FL-341 for specifics of visitation):

**8. PAYMENT RESPONSIBILITY**      Petitioner: \_\_\_\_\_ %      Respondent: \_\_\_\_\_ %

9. ☐ Petitioner will contact professional provider or supervised visitation center no later than (*date*):  
☐ Respondent will contact professional provider or supervised visitation center no later than (*date*):

**10. THE COURT FURTHER ORDERS**

Date:

\_\_\_\_\_  
JUDICIAL OFFICER



PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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### CHILD SUPPORT INFORMATION AND ORDER ATTACHMENT

Attachment to ☐ Findings and Order After Hearing ☐ Restraining Order After Hearing (CLETS)  
☐ Judgment ☐ Other

#### THE COURT USED THE FOLLOWING INFORMATION IN DETERMINING THE AMOUNT OF CHILD SUPPORT:

1. ☐ A printout of a computer calculation and findings is attached and incorporated in this order for all required items not filled out below.
2. ☐ **Income**

	<u>Gross monthly</u> <u>income</u>	<u>Net monthly</u> <u>income</u>	<u>Receiving</u> <u>TANF/CalWORKS</u>
a. Each parent's monthly income is as follows:			
petitioner/plaintiff:	\$	\$	<input type="text"/>
respondent/defendant:	\$	\$	<input type="text"/>
other parent:	\$	\$	<input type="text"/>
b. Imputation of income. The court finds that the <input type="checkbox"/> petitioner/plaintiff <input type="checkbox"/> respondent/defendant <input type="checkbox"/> other parent has the capacity to earn: \$ _____ per: _____ and has based the support order upon this imputed income.			
3. ☐ **Children of This Relationship**
  - a. Number of children who are the subjects of the support order (*specify*): \_\_\_\_\_
  - b. Approximate percentage of time spent with:
 

petitioner/plaintiff	%
respondent/defendant	%
other parent	%

#### 4. ☐ **Hardships**

Hardships for the following have been allowed in calculating child support:

	<u>petitioner/ plaintiff</u>	<u>respondent/ defendant</u>	<u>other parent</u>	<u>Approximate ending time for the hardship</u>
a. <input type="checkbox"/> Other minor children:	\$	\$	\$	
b. <input type="checkbox"/> Extraordinary medical expenses:	\$	\$	\$	
c. <input type="checkbox"/> Catastrophic losses:	\$	\$	\$	

#### THE COURT ORDERS

##### 5. ☐ **Low-Income Adjustment**

- a. ☐ The low-income adjustment applies.
- b. ☐ The low-income adjustment does not apply because (*specify reasons*): \_\_\_\_\_

##### 6. ☐ **Child Support**

###### a. **Base child support**

☐ Petitioner/plaintiff ☐ Respondent/defendant ☐ Other parent must pay child support beginning (*date*): \_\_\_\_\_ and continuing until further order of the court, or until the child marries, dies, is emancipated, reaches age 19, or reaches age 18 and is not a full-time high school student, whichever occurs first, as follows:

<u>Child's name</u>	<u>Date of birth</u>	<u>Monthly amount</u>	<u>Payable to (name)</u>
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Payable ☐ on the 1st of the month ☐ one-half on the 1st and one-half on the 15th of the month  
☐ other (*specify*): \_\_\_\_\_

###### b. ☐ **Mandatory additional child support**

- (1) ☐ Child-care costs related to employment or reasonably necessary job training.

<input type="checkbox"/> Petitioner/plaintiff must pay:	%	of total	or	<input type="text"/> \$	per month	child-care costs.
<input type="checkbox"/> Respondent/defendant must pay:	%	of total	or	<input type="text"/> \$	per month	child-care costs.
<input type="checkbox"/> Other parent must pay:	%	of total	or	<input type="text"/> \$	per month	child-care costs.
<input type="checkbox"/> Costs to be paid as follows ( <i>specify</i> ): _____						

**THIS IS A COURT ORDER.**

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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**THE COURT FURTHER ORDERS**

**6. b. Mandatory additional child support (*continued*)**

- (2) ☐ Reasonable uninsured health-care costs for the children
- |  |   |          |    |                             |            |
|--|---|----------|----|-----------------------------|------------|
| <input type="checkbox"/> Petitioner/plaintiff must pay:                  | % | of total | or | <input type="checkbox"/> \$ | per month. |
| <input type="checkbox"/> Respondent/defendant must pay:                  | % | of total | or | <input type="checkbox"/> \$ | per month. |
| <input type="checkbox"/> Other parent must pay:                          | % | of total | or | <input type="checkbox"/> \$ | per month. |
| <input type="checkbox"/> Costs to be paid as follows ( <i>specify</i> ): |   |          |    |                             |            |

**c. ☐ Additional child support**

- (1) ☐ Costs related to the educational or other special needs of the children
- |  |   |          |    |                             |            |
|--|---|----------|----|-----------------------------|------------|
| <input type="checkbox"/> Petitioner/plaintiff must pay:                  | % | of total | or | <input type="checkbox"/> \$ | per month. |
| <input type="checkbox"/> Respondent/defendant must pay:                  | % | of total | or | <input type="checkbox"/> \$ | per month. |
| <input type="checkbox"/> Other parent must pay:                          | % | of total | or | <input type="checkbox"/> \$ | per month. |
| <input type="checkbox"/> Costs to be paid as follows ( <i>specify</i> ): |   |          |    |                             |            |
- (2) ☐ Travel expenses for visitation
- |  |   |          |    |                             |            |
|--|---|----------|----|-----------------------------|------------|
| <input type="checkbox"/> Petitioner/plaintiff must pay:                  | % | of total | or | <input type="checkbox"/> \$ | per month. |
| <input type="checkbox"/> Respondent/defendant must pay:                  | % | of total | or | <input type="checkbox"/> \$ | per month. |
| <input type="checkbox"/> Other parent must pay:                          | % | of total | or | <input type="checkbox"/> \$ | per month. |
| <input type="checkbox"/> Costs to be paid as follows ( <i>specify</i> ): |   |          |    |                             |            |

**Total child support per month: \$**

**7. Health-Care Expenses**

- a. Health insurance coverage for the minor children of the parties must be maintained by the  
☐ petitioner/plaintiff   ☐ respondent/defendant   ☐ other parent   if available at no or reasonable cost through their respective places of employment or self-employment. Both parties are ordered to cooperate in the presentation, collection, and reimbursement of any health-care claims.
- b. ☐ Health insurance is not available to the ☐ petitioner/plaintiff   ☐ respondent/defendant   ☐ other parent at a reasonable cost at this time.
- c. ☐ The party providing coverage must assign the right of reimbursement to the other party.

**8. Earnings Assignment**

An *Order/Notice to Withhold Income for Child Support* (form FL-195) must issue. **Note:** The payor of child support is responsible for the payment of support directly to the recipient until support payments are deducted from the payor's wages, and for any support not paid by the assignment.

**9. ☐ Non-Guideline Order**

This order does not meet the child support guideline set forth in Family Code section 4055. A *Non-Guideline Child Support Findings Attachment* (form FL-342(A)) is attached.

**10. ☐ Employment Search Order (Family Code, § 4505)**

☐ Petitioner/plaintiff   ☐ Respondent/defendant   ☐ Other parent   is ordered to seek employment with the following terms and conditions:

**11. Other Orders (*specify*):**

**12. Required Attachments**

A *Notice of Rights and Responsibilities—Health Care Costs and Reimbursement Procedures and Information Sheet on Changing a Child Support Order* (form FL-192) must be attached and is incorporated into this order.

**13. Child Support Case Registry Form**

Both parties must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this order. Thereafter, the parties must notify the court of any change in the information submitted within 10 days of the change by filing an updated form.

**NOTICE: Any party required to pay child support must pay interest on overdue amounts at the legal rate, which is currently 10 percent per year.**

**THIS IS A COURT ORDER.**



PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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### SPOUSAL, PARTNER, OR FAMILY SUPPORT ORDER ATTACHMENT

TO ☐ Findings and Order After Hearing ☐ Judgment ☐ Other (specify):

#### THE COURT FINDS

1. A printout of a computer calculation of the parties' financial circumstances is attached for all required items not filled out below.

2. **Net income.** The parties' monthly income and deductions are as follows (complete a, b, or both):

	Total gross monthly income	Total monthly deductions	Total hardship deductions	Net monthly disposable income
a. Petitioner: <input type="checkbox"/> receiving TANF/CalWORKS				
b. Respondent: <input type="checkbox"/> receiving TANF/CalWORKS				

3. **Other factors regarding spousal or partner support**

- a. ☐ The parties were married for (specify numbers): \_\_\_\_\_ years \_\_\_\_\_ months.  
 b. ☐ The parties were registered as domestic partners or the equivalent on (date): \_\_\_\_\_  
 c. ☐ The Family Code section 4320 factors were considered, as listed in Attachment 3c.  
 d. ☐ The marital standard of living was (describe): \_\_\_\_\_

☐ See Attachment 3d.

e. ☐ Other (specify): \_\_\_\_\_

#### THE COURT ORDERS

4. a. The ☐ petitioner ☐ respondent must pay to the ☐ petitioner ☐ respondent  
 as ☐ temporary ☐ spousal support ☐ family support ☐ partner support  
 \$ \_\_\_\_\_ per month, beginning (date): \_\_\_\_\_, payable through (specify end date): \_\_\_\_\_

☐ payable on the (specify): \_\_\_\_\_ day of each month.

☐ Other (specify): \_\_\_\_\_

- b. ☐ Support must be paid by check, money order, or cash. The support payor's obligation to pay support will terminate on the death, remarriage, or registration of a new domestic partnership of the support payee.
- c. ☐ An earnings assignment for the foregoing support will issue. (**Note:** The payor of spousal, family, or partner support is responsible for the payment of support directly to the recipient until support payments are deducted from the payor's earnings, and for any support not paid by the assignment.)
- d. ☐ Service of the earnings assignment is stayed provided the payor is not more than (specify number): \_\_\_\_\_ days late in the payment of spousal, family, or partner support.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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5. ☐ The parties must promptly inform each other of any change of employment, including the employer's name, address, and telephone number.
6. ☐ **NOTICE:** It is the goal of this state that each party must make reasonable good faith efforts to become self-supporting as provided for in Family Code section 4320. The failure to make reasonable good faith efforts may be one of the factors considered by the court as a basis for modifying or terminating support.
7. ☐ This order is for family support. Both parties must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this order. The parents must notify the court of any change of information submitted within 10 days of the change by filing an updated form. Form FL-192, *Notice of Rights and Responsibilities and Information Sheet on Changing a Child Support Order*, is attached.
8. ☐ The issue of spousal or partner support for the ☐ petitioner ☐ respondent is reserved for a later determination.
9. ☐ The court terminates jurisdiction over the issue of spousal or partner support for the ☐ petitioner ☐ respondent.
10. ☐ Other (*specify*):

**NOTICE:** Any party required to pay support must pay interest on overdue amounts at the “legal” rate, which is currently 10 percent.

## NOTICE OF RIGHTS AND RESPONSIBILITIES

### Health-Care Costs and Reimbursement Procedures

#### IF YOU HAVE A CHILD SUPPORT ORDER THAT INCLUDES A PROVISION FOR THE REIMBURSEMENT OF A PORTION OF THE CHILD'S OR CHILDREN'S HEALTH-CARE COSTS AND THOSE COSTS ARE NOT PAID BY INSURANCE, THE LAW SAYS:

**1. Notice.** You must give the other parent an itemized statement of the charges that have been billed for any health-care costs not paid by insurance. You must give this statement to the other parent within a reasonable time, but no more than 30 days after those costs were given to you.

**2. Proof of full payment.** If you have already paid all of the uninsured costs, you must (1) give the other parent proof that you paid them and (2) ask for reimbursement for the other parent's court-ordered share of those costs.

**3. Proof of partial payment.** If you have paid only your share of the uninsured costs, you must (1) give the other parent proof that you paid your share, (2) ask that the other parent pay his or her share of the costs directly to the health-care provider, and (3) give the other parent the information necessary for that parent to be able to pay the bill.

**4. Payment by notified parent.** If you receive notice from a parent that an uninsured health-care cost has been incurred, you must pay your share of that cost within the time the court orders; or if the court has not specified a period of time, you must make payment (1) within 30 days from the time you were given notice of the amount due, (2) according to any payment schedule set by the health-care provider, (3) according to a schedule agreed to in writing by you and the other parent, or (4) according to a schedule adopted by the court.

**5. Disputed charges.** If you dispute a charge, you may file a motion in court to resolve the dispute, but only if you pay that charge before filing your motion.

If you claim that the other party has failed to reimburse you for a payment, or the other party has failed to make a payment to the provider after proper notice has been given, you may file a motion in court to resolve the dispute. The court will presume that if uninsured costs have been paid, those costs were reasonable. The court may award attorney fees and costs against a party who has been unreasonable.

**6. Court-ordered insurance coverage.** If a parent provides health-care insurance as ordered by the court, that insurance must be used at all times to the extent that it is available for health-care costs.

- a. **Burden to prove.** The party claiming that the coverage is inadequate to meet the child's needs has the burden of proving that to the court.
- b. **Cost of additional coverage.** If a parent purchases health-care insurance in addition to that ordered by the court, that parent must pay all the costs of the additional coverage. In addition, if a parent uses alternative coverage that costs more than the coverage provided by court order, that parent must pay the difference.

**7. Preferred health providers.** If the court-ordered coverage designates a preferred health-care provider, that provider must be used at all times consistent with the terms of the health insurance policy. When any party uses a health-care provider other than the preferred provider, any health-care costs that would have been paid by the preferred health provider if that provider had been used must be the sole responsibility of the party incurring those costs.

## INFORMATION SHEET ON CHANGING A CHILD SUPPORT ORDER

### General Information

The court has just made a child support order in your case. This order will remain the same unless a party to the action requests that the support be changed (modified). An order for child support can be modified only by filing a motion to change child support and serving each party involved in your case. If both parents and the local child support agency (if it is involved) agree on a new child support amount, you can complete, have all parties sign, and file with the court a *Stipulation to Establish or Modify Child Support and Order* (form FL-350) or *Stipulation and Order (Governmental)* (form FL-625).

### When a Child Support Order May Be Modified

The court takes several things into account when ordering the payment of child support. First, the number of children is considered. Next, the net incomes of both parents are determined, along with the percentage of time each parent has physical custody of the children. The court considers both parties' tax filing status and may consider hardships, such as a child of another relationship. An existing order for child support may be modified when the net income of one of the parents changes significantly, the parenting schedule changes significantly, or a new child is born.

### Examples

- You have been ordered to pay \$500 per month in child support. You lose your job. You will continue to owe \$500 per month, plus 10 percent interest on any unpaid support, unless you file a motion to modify your child support to a lower amount and the court orders a reduction.
- You are currently receiving \$300 per month in child support from the other parent, whose net income has just increased substantially. You will continue to receive \$300 per month unless you file a motion to modify your child support to a higher amount and the court orders an increase.
- You are paying child support based upon having physical custody of your children 30 percent of the time. After several months it turns out that you actually have physical custody of the children 50 percent of the time. You may file a motion to modify child support to a lower amount.

### How to Change a Child Support Order

To change a child support order, you must file papers with the court. *Remember:* You must follow the order you have now.

### What forms do I need?

If you are asking to change a child support order open with the local child support agency, you must fill out one of these forms:

- FL-680, *Notice of Motion (Governmental)* **or** FL-683 *Order to Show Cause (Governmental)* **and**
- FL-684, *Request for Order and Supporting Declaration (Governmental)*

If you are asking to change a child support order that is **not** open with the local child support agency, you must fill out one of these forms:

- FL-301, *Notice of Motion* **or** FL-300, *Order to Show Cause* **and**
- FL-310, *Application for Order and Supporting Declaration* **or**
- FL-390, *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support*

You must also fill out one of these forms:

- FL-150, *Income and Expense Declaration* **or** FL-155, *Financial Statement (Simplified)*

### What if I am not sure which forms to fill out?

Talk to the family law facilitator at your court.

**After you fill out the forms**, file them with the court clerk and ask for a hearing date. Write the hearing date on the form.

The clerk will ask you to pay a filing fee. If you cannot afford the fee, fill out these forms, too:

- Form 982(a)(17), *Application for Waiver of Court Fees and Costs*
- Form 982(a)(18), *Order on Application for Waiver of Court Fees and Costs*

**You must serve the other parent.** If the local child support agency is involved, serve it too.

This means someone 18 or over—**not you**—must serve the other parent copies of your filed court forms at least **16 court days** before the hearing. Add **5 calendar days** if you serve by mail within California (see Code of Civil Procedure section 1005 for other situations).

**Court days** are weekdays when the court is open for business (Monday through Friday except court holidays). **Calendar days** include all days of the month, including weekends and holidays. To determine court and calendar days, go to

[www.courtinfo.ca.gov/selfhelp/courtcalendars/](http://www.courtinfo.ca.gov/selfhelp/courtcalendars/).

The server must also serve blank copies of these forms:

- FL-320, *Responsive Declaration to Order to Show Cause or Notice of Motion* **and** FL-150, *Income and Expense Declaration*, **or**
- FL-155, *Financial Statement (Simplified)*

Then the server fills out and signs a *Proof of Service* (form FL-330 or FL-335). Take this form to the clerk and file it.

**Go to your hearing and ask the judge to change the support.** Bring your tax returns from the last two years and your last two months' pay stubs. The judge will look at your information, listen to both parents, and make an order. After the hearing, fill out:

- FL-340, *Findings and Order After Hearing* **and**
- FL-342, *Child Support Information and Order Attachment*

### Need help?

Contact the family law facilitator in your county or call your county's bar association and ask for an experienced family lawyer.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  <hr style="width: 100%;"/>  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER:  RESPONDENT:	
<b>NOTICE OF ENTRY OF JUDGMENT</b>	
CASE NUMBER:	

You are notified that the following judgment was entered on (date):

1. ☐ Dissolution
2. ☐ Dissolution—status only
3. ☐ Dissolution—reserving jurisdiction over termination of marital status or domestic partnership
4. ☐ Legal separation
5. ☐ Nullity
6. ☐ Parent-child relationship
7. ☐ Judgment on reserved issues
8. ☐ Other (specify): \_\_\_\_\_

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy

**—NOTICE TO ATTORNEY OF RECORD OR PARTY WITHOUT ATTORNEY—**

Under the provisions of Code of Civil Procedure section 1952, if no appeal is filed the court may order the exhibits destroyed or otherwise disposed of after 60 days from the expiration of the appeal time.

<p style="text-align: center;"><b>STATEMENT IN THIS BOX APPLIES ONLY TO JUDGMENT OF DISSOLUTION</b></p> <p>Effective date of termination of marital or domestic partnership status (specify): _____</p> <p><b>WARNING: Neither party may remarry or enter into a new domestic partnership until the effective date of the termination of marital or domestic partnership status, as shown in this box.</b></p>
--

**CLERK'S CERTIFICATE OF MAILING**

I certify that I am not a party to this cause and that a true copy of the *Notice of Entry of Judgment* was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the notice was mailed at (place): \_\_\_\_\_, California, on (date): \_\_\_\_\_

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy

Name and address of petitioner or petitioner's attorney
  Name and address of respondent or respondent's attorney



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):        <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	<b>COURT PERSONNEL:</b> STAMP DATE RECEIVED HERE        <div style="font-size: 24pt; font-weight: bold; margin-top: 20px;">DO NOT FILE</div>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS:  MAILING ADDRESS:  CITY AND ZIP CODE:  BRANCH NAME:	
PETITIONER/PLAINTIFF:   RESPONDENT/DEFENDANT:   OTHER PARENT:	
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Mother  <input type="checkbox"/> Father         </div> <div> <input type="checkbox"/> First form completed  <input type="checkbox"/> Change to previous information         </div> </div>	CASE NUMBER:

THIS FORM WILL NOT BE PLACED IN THE COURT FILE. IT WILL BE MAINTAINED IN A CONFIDENTIAL FILE WITH THE STATE OF CALIFORNIA.

**Notice: Pages 1 and 2 of this form must be completed and delivered to the court along with the court order for support. Pages 3 and 4 are instructional only and do not need to be delivered to the court. If you did not file the court order, you must complete this form and deliver it to the court within 10 days of the date on which you received a copy of the support order. Any later change to the information on this form must be delivered to the court on another form within 10 days of the change. It is important that you keep the court informed in writing of any changes of your address and telephone number.**

1. Support order information (*this information is on the court order you are filing or have received*).
  - a. Date order filed:
  - b. ☐ Initial child support or family support order      ☐ Modification
  - c. Total monthly base current child or family support amount ordered for children listed below, plus any monthly amount ordered payable on past-due support:
 

<u>Child Support:</u>	<u>Family Support:</u>	<u>Spousal Support:</u>
(1) <input type="checkbox"/> Current base child support: \$ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order	(1) <input type="checkbox"/> Current base family support: \$ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order	(1) <input type="checkbox"/> Current spousal support: \$ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order
(2) <input type="checkbox"/> Additional monthly support: \$	(2) <input type="checkbox"/> Additional monthly support: \$	
(3) <input type="checkbox"/> Total past-due support: \$	(3) <input type="checkbox"/> Total past-due support: \$	(3) <input type="checkbox"/> Total past-due support: \$
(4) <input type="checkbox"/> Payment on past-due support: \$	(4) <input type="checkbox"/> Payment on past-due support: \$	(4) <input type="checkbox"/> Payment on past-due support: \$
(5) Wage withholding was <input type="checkbox"/> ordered <input type="checkbox"/> ordered but stayed until (date):		
2. Person required to pay child or family support (*name*):  
Relationship to child (*specify*):
3. Person or agency to receive child or family support payments (*name*):  
Relationship to child (*if applicable*):

TYPE OR PRINT IN INK

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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4. The child support order is for the following children:

Child's name

Date of birth

Social security number

- a.
- b.
- c.

☐ Additional children are listed on a page attached to this document.

You are required to complete the following information about yourself. You are not required to provide information about the other person, but you are encouraged to provide as much as you can. This form is confidential and will not be filed in the court file. It will be maintained in a confidential file with the State of California.

5. Father's name:

6. Mother's name:

- a. Date of birth:
- b. Social security number:
- c. Street address:

- a. Date of birth:
- b. Social security number:
- c. Street address:

City, state, zip code:

City, state, zip code:

d. Mailing address:

d. Mailing address:

City, state, zip code:

City, state, zip code:

e. Driver's license number:

e. Driver's license number:

State:

State:

f. Telephone number:

f. Telephone number:

g. ☐ Employed ☐ Not employed ☐ Self-employed

g. ☐ Employed ☐ Not employed ☐ Self-employed

Employer's name:

Employer's name:

Street address:

Street address:

City, state, zip code:

City, state, zip code:

Telephone number:

Telephone number:

7. ☐ A restraining order, protective order, or nondisclosure order due to domestic violence is in effect.

- a. The order protects: ☐ Father ☐ Mother ☐ Children
- b. From: ☐ Father ☐ Mother
- c. The restraining order expires on (date):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)



# INFORMATION SHEET FOR CHILD SUPPORT CASE REGISTRY FORM

(Do NOT deliver this Information Sheet to the court clerk.)

Please follow these instructions to complete the *Child Support Case Registry Form* (form FL-191) if you do not have an attorney to represent you. Your attorney, if you have one, should complete this form.

Both parents must complete a *Child Support Case Registry Form*. The information on this form will be included in a national database that, among other things, is used to locate absent parents. When you file a court order, you must deliver a completed form to the court clerk along with your court order. If you did not file a court order, you must deliver a completed form to the court clerk **WITHIN 10 DAYS** of the date you received a copy of your court order. If any of the information you provide on this form changes, you must complete a new form and deliver it to the court clerk within 10 days of the change. The address of the court clerk is the same as the one shown for the superior court on your order. This form is confidential and will not be filed in the court file. It will be maintained in a confidential file with the State of California.

## INSTRUCTIONS FOR COMPLETING THE *CHILD SUPPORT CASE REGISTRY FORM* (TYPE OR PRINT IN INK):

If the top section of the form has already been filled out, skip down to number 1 below. If the top section of the form is blank, you must provide this information.

Page 1, first box, top of form, left side: Print your name, address, telephone number, fax number, and e-mail address, if any, in this box. Attorneys must include their State Bar identification numbers.

Page 1, second box, top of form, left side: Print the name of the county and the court's address in this box. Use the same address for the court that is on the court order you are filing or have received.

Page 1, third box, top of form, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the court order you are filing or have received.

Page 1, fourth box, top of form, left side: Check the box indicating whether you are the mother or the father. If you are the attorney for the mother, check the box for mother. If you are the attorney for the father, check the box for father. Also, if this is the first time you have filled out this form, check the box by "First form completed." If you have filled out form FL-191 before, and you are changing any of the information, check the box by "Change to previous information."

Page 1, first box, right side: Leave this box blank for the court's use in stamping the date of receipt.

Page 1, second box, right side: Print the court case number in this box. This number is also shown on the court papers.

## Instructions for numbered paragraphs:

1. a. Enter the date the court order was filed. This date is shown in the "COURT PERSONNEL: STAMP DATE RECEIVED HERE" box on page 1 at the top of the order on the right side. If the order has not been filed, leave this item blank for the court clerk to fill in.
- b. If the court order you filed or received is the first child or family support order for this case, check the box by "Initial child support or family support order." If this is a change to your order, check the box by "Modification."
- c. Information regarding the amount and type of support ordered and wage withholding is on the court order you are filing or have received.
  - (1) If your order provides for any type of current support, check all boxes that describe that support. For example, if your order provides for both child and spousal support, check both of those boxes. If there is an amount, put it in the blank provided. If the order says the amount is reserved, check the "Reserved order" box. If the order says the amount is zero, check the "\$0 (zero) order" box. Do not include child care, special needs, uninsured medical expenses, or travel for visitation here. These amounts will go in (2). Do NOT complete the Child Support Case Registry form if you receive spousal support only.
  - (2) If your order provides for a set monthly amount to be paid as additional support for such needs as child care, special needs, uninsured medical expenses or travel for visitation check the box in Item 2 and enter the monthly amount. For example, if your order provides for base child support and in addition the paying parent is required to pay \$300 per month, check the box in item 2 underneath the "Child Support" column and enter \$300. Do NOT check this box if your order provides only for a payment of a percentage, such as 50% of the childcare.

- (3) If your order determined the amount of past due support, check the box in Item 3 that states the type of past due support and enter the amount. For example, if the court determined that there was \$5000 in past due child support and \$1000 in past due spousal support, you would check the box in item 3 in the "Child Support" column and enter \$5000 and you would also check the box in item 3 in the "Spousal Support" column and enter \$1000.
  - (4) If your order provides for a specific dollar amount to be paid towards any past due support, check the box in Item 4 that states the type of past due support and enter the amount. For example, the court ordered \$350 per month to be paid on the past due child support, you would check the box in Item 4 in the "Child Support" column and enter \$350.
  - (5) Check the "ordered" box if wage withholding was ordered with no conditions. Check the box "ordered but stayed until" if wage withholding was ordered but is not to be deducted until a later date. If the court delayed the effective date of the wage withholding, enter the specific date. Check only one box in this item.
2. a. Write the name of the person who is supposed to pay child or family support.  
b. Write the relationship of that person to the child.
  3. a. Write the name of the person or agency supposed to receive child or family support payments.  
b. Write the relationship of that person to the child.
  4. List the full name, date of birth, and social security number for each child included in the support order. If there are more than five children included in the support order, check the box below item 4e and list the remaining children with dates of birth and social security numbers on another sheet of paper. Attach the other sheet to this form.

The local child support agency is required, under section 466(a)(13) of the Social Security Act, to place in the records pertaining to child support the social security number of any individual who is subject to a divorce decree, support order, or paternity determination or acknowledgment. This information is mandatory and will be kept on file at the local child support agency.

Top of page 2, box on left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on page 1.

Top of page 2, box on right side: Print your court case number in this box. Use the same case number as on page 1, second box, right side.

You are required to complete information about yourself. If you know information about the other person, you may also fill in what you know about him or her.

5. If you are the father in this case, list your full name in this space. See instructions for a–g under item 6 below.
6. If you are the mother in this case, list your full name in this space.
  - a. List your date of birth.
  - b. Write your social security number.
  - c. List the street address, city, state, and zip code where you live.
  - d. List the street address, city, state, and zip code where you want your mail sent, if different from the address where you live.
  - e. Write your driver's license number and the state where it was issued.
  - f. List the telephone number where you live.
  - g. Indicate whether you are employed, not employed, self-employed, or by checking the appropriate box. If you are employed, write the name, street address, city, state, zip code, and telephone number where you work.
7. If there is a restraining order, protective order, or nondisclosure order, check this box.
  - a. Check the box beside each person who is protected by the restraining order.
  - b. Check the box beside the parent who is restrained.
  - c. Write the date the restraining order expires. See the restraining order, protective order, or nondisclosure order for this date.

If you are in fear of domestic violence, you may want to ask the court for a restraining order, protective order, or nondisclosure order.

You must type or print your name, fill in the date, and sign the *Child Support Case Registry Form* under penalty of perjury. When you sign under penalty of perjury, you are stating that the information you have provided is true and correct.